

HEALTH INFINITY

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

| Sr no. | TITLE | DESCRIPTION | REFER TO POLICY CLAUSE NUMBER |
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| 1 | Product Name | Health Infinity | |
| 2 | What am I covered for | <p>1. In-patient Hospitalisation Treatment If the Insured is Hospitalised on the advice of a Medical Practitioner (as defined under Policy) because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then the Company will pay the Insured, Reasonable and Customary Medical Expenses incurred for:</p> <ul style="list-style-type: none"> i. Room and Boarding expenses as provided by the Hospital/ Nursing Home, maximum up to the per day room rent plan opted by the Insured ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital. iii. Nursing Expenses as provided by the hospital iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, vi. Dialysis, Chemotherapy, Radiotherapy, physiotherapy vii. Medicines, Drugs and consumables. viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents. ix. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically prescribed by the treating Medical Practitioner <p>Note:</p> <ul style="list-style-type: none"> a. In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category. <p>2. Pre-Hospitalisation The Medical Expenses incurred during the 60 days immediately before the Insured was Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under "In-patient Hospitalisation Treatment" (Section A1).</p> <p>3. Post-Hospitalisation The Medical Expenses incurred during the 90 days immediately after the Insured was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under "In-patient Hospitalisation Treatment" (Section A1).</p> <p>4. Road Ambulance</p> <ul style="list-style-type: none"> a. The Company will pay the reasonable cost upto a maximum of Rs 5000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. b. The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities. <p>Claim under this section shall be payable by the Company only when:</p> <ul style="list-style-type: none"> i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. The Company has accepted Insured's Claim under "In-patient Hospitalisation Treatment" (Section A1) or "Day Care Procedures" section (Section A5) of the Policy. <p>Subject otherwise to the terms, conditions and exclusions of the Policy.</p> <p>5. Day Care Procedures The Company will pay the Insured, medical expenses as listed above under "In-patient Hospitalisation Treatment" (Section A1) for Day Care medical treatment, and/or surgical procedure which is</p> <ul style="list-style-type: none"> i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. Which would have otherwise required Hospitalisation of more than 24 hours. <p>Exclusions specific to Day Care Procedures-</p> <ul style="list-style-type: none"> i. Treatment normally taken on an out-patient basis ii. Any dental treatment or procedure <p>Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p>6. Preventive Health Check Up After continuously renewing the Health Infinity Policy for 3 years with us, You are eligible for a free Preventive Health check-up. We will reimburse the amount equal to per day room rent as opted by You, maximum up to Rs. 5000/-for each Insured Member covered under the Policy during the block of 3 years. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- healthcheck@bajajallianz.co.in .</p> | Section A COVERAGE |

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| <p>3</p> | <p>What are the major exclusions in the policy:</p> | <ol style="list-style-type: none"> 1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. 2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock 3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy. 4. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 5. Investigation & Evaluation (Excl04) <ol style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 6. Rest Cure, rehabilitation and respite care (Excl05) <ol style="list-style-type: none"> a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ol style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs. 7. Obesity/Weight Control (Excl06) <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> 1. Surgery to be conducted is upon the advice of the Doctor 2. The surgery/Procedure conducted should be supported by clinical protocols 3. The member has to be 18 years of age or older and 4. Body Mass Index (BMI); <ol style="list-style-type: none"> a. greater than or equal to 40 or b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 8. Change-of-gender treatments (Excl07) <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> 9. Cosmetic or plastic Surgery (Excl08) <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> 10. Hazardous or Adventure Sports (Excl09) <p>Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> 11. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc. 12. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition. 13. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions. 14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 15. Breach of law (Excl10) <p>Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.</p> | |
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| <p>3</p> | <p>What are the major exclusions in the policy:</p> | <ol style="list-style-type: none"> 16. Excluded Providers (Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim. 17. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12) 18. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13) 19. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner. 20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14) 21. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. 22. Unproven Treatments (Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. 23. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes: <ol style="list-style-type: none"> a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization 24. Maternity (Excl 18) <ol style="list-style-type: none"> a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 25. Treatment for any other system other than modern medicine (also known as Allopathy). 26. All non-medical Items as per Annexure II provided in Policy Wordings 27. Any treatment received outside India is not covered under this Policy. | <p>Section C</p> |
| <p>4</p> | <p>Waiting Period</p> | <ol style="list-style-type: none"> 1. Pre-existing Diseases waiting period (Excl01) <ol style="list-style-type: none"> a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage. d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us. 2. Specified disease/procedure waiting period (Excl02) <ol style="list-style-type: none"> a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply. d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion. e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. f. After completion of 24 months of continuous coverage, the maximum limit for each claim will be restricted to 100 times per day room rent limit for below listed conditions/procedures. Please note that the limit of indemnity will be applicable only for the procedures. | <p>Section C</p> |

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| 4 | Waiting Period | <p>g. List of specific diseases/procedures is as below</p> <table border="1" data-bbox="347 264 1276 725"> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts,</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> <tr> <td>13. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>15. Uterine Prolapse</td> <td>16. Stones in the urinary and biliary systems</td> </tr> <tr> <td>17. Surgery on ears/tonsils/adenoids/ paranasal sinuses</td> <td>18. Surgery on all internal or external tumours / cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth</td> </tr> <tr> <td>19. Parkinson's Disease</td> <td>20. Alzheimer's Disease</td> </tr> </table> <p>3. A waiting period of 36 months from the first Health Infinity Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below. Even after 36 months of continuous coverage, the limit of indemnity for each claim will be restricted to 100 times per day room rent limit for the below listed conditions. Please note that the limit of indemnity will be applicable only for the procedures.</p> <p>a. Joint replacement surgery b. Surgery for vertebral column disorders (unless necessitated due to an accident) c. Surgery to correct deviated nasal septum d. Hypertrophied turbinate e. Congenital internal diseases or anomalies f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5</p> <p>4. 30-day waiting period (Excl03) a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b. This exclusion shall not, however, apply if the Insured has Continuous Coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</p> | 1. Any type gastrointestinal ulcers | 2. Cataracts, | 3. Any type of fistula | 4. Macular Degeneration | 5. Benign prostatic hypertrophy | 6. Hernia of all types | 7. All types of sinuses | 8. Fissure in ano | 9. Haemorrhoids, piles | 10. Hydrocele | 11. Dysfunctional uterine bleeding | 12. Fibromyoma | 13. Endometriosis | 14. Hysterectomy | 15. Uterine Prolapse | 16. Stones in the urinary and biliary systems | 17. Surgery on ears/tonsils/adenoids/ paranasal sinuses | 18. Surgery on all internal or external tumours / cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth | 19. Parkinson's Disease | 20. Alzheimer's Disease | Section C |
| 1. Any type gastrointestinal ulcers | 2. Cataracts, | | | | | | | | | | | | | | | | | | | | | | |
| 3. Any type of fistula | 4. Macular Degeneration | | | | | | | | | | | | | | | | | | | | | | |
| 5. Benign prostatic hypertrophy | 6. Hernia of all types | | | | | | | | | | | | | | | | | | | | | | |
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| 5 | Reduction in Waiting Period | <p>I. Reduction in Waiting Period</p> <p>1. If the proposed Insured is presently covered and has been continuously covered without any lapses as under: a. any health insurance indemnity plan with an Indian non-life insurer/health insurer as per guidelines on portability, OR b. any other similar health insurance indemnity plan from Us, Then: i. The 30 days waiting period specified in Section C-I.4 of the Policy stand deleted ii. The waiting periods specified in the Section C-I.1 to I.3 shall be reduced by the number of continuous preceding years of coverage of the Insured under the previous health insurance Policy; Continuity / Credit of waiting periods would be extended up to the Sum Insured & Cumulative bonus of the previous Policy iii. The limits as mentioned under C-I.2 and I.3 and co-pay as mentioned in Point D 9- Cost Sharing shall also be applicable for all portability proposals The above conditions would be applicable if the insured has applied for portability with us and the proposal is accepted and the policy is issued as per portability guidelines.</p> | Section D Conditions | | | | | | | | | | | | | | | | | | | | |
| 6 | Payout basis | All payouts are Indemnity payment basis. | Section A COVERAGE | | | | | | | | | | | | | | | | | | | | |
| 7 | Cost Sharing | A co-payment as opted by you and mentioned on the policy schedule will be triggered once the accepted cumulative claim amounts per annum exceeds 100 times per day room rent limit. | Section D CONDITIONS | | | | | | | | | | | | | | | | | | | | |
| 8 | Discounts | <p>A. Wellness discount: Insured member is eligible for 5% discount at each renewal provided he / she submits the below mentioned medical test reports & if all the reports are falling within normal range as specified below i. ECG of Normal Sinus Rhythm ii. Fasting Blood Sugar equal to or less than 120 Mg/dl iii. Serum Creatinine – within normal limits as defined in test reports iv. Lipid Profile – All parameters within normal limits v. BMI less than or equal to 25 vi. No other adverse health conditions</p> <p>B. Family Discount: 5% family discount shall be offered if 2 or more eligible family members are covered under a single Policy</p> | Section D CONDITIONS | | | | | | | | | | | | | | | | | | | | |

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| 8 | Discounts | <p>C. Long Term Policy Discount: i 4% discount is applicable if policy is opted for 2 years Note: This will not apply to policies where premium is paid in instalments.</p> <p>D. Employee Discount 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct office code. (Note: Online/Direct Customer Discount is not applicable to Employees)</p> <p>E. Online Discount 5% discount is extended for the policies purchased online/ through website/direct customers. This benefit is extended to direct customers in lieu of the commission.</p> | Section D CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | Renewal Conditions | <p>The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.</p> <p>i) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>ii) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</p> <p>iii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>iv) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.</p> <p>v) No loading shall apply on renewals based on individual claims experience</p> | Section D CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Renewal Benefits | <p>Preventive Health Check Up At the end of a block of every continuous 3 policy years. We will pay amount equal to per day room rent opted (maximum up to Rs. 5000/- whichever is lower) towards cost of the medical check-up.</p> | Section A COVERAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Cancellation | <p>i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.</p> <p>a. Cancellation grid for premium received on annual basis</p> <table border="1" data-bbox="354 974 1284 1422"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td>Pro Rata Refund</td> <td></td> <td></td> </tr> <tr> <td>Exceeding 15 days but less than 3 months</td> <td>65.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>45.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than 15 months</td> <td></td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 15 months but less than 18 months</td> <td></td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than 24 months</td> <td></td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than 27 months</td> <td></td> <td></td> <td>20.00%</td> </tr> <tr> <td>Exceeding 27 months but less than 30 months</td> <td></td> <td></td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than 36 months</td> <td></td> <td></td> <td>0.00%</td> </tr> </tbody> </table> <p>b. Cancellation grid for premium received on instalment basis</p> <p>For monthly/quarterly premium modes, no premium is refunded. For half yearly premium payment mode, the premium will be refunded as per the below table:</p> <table border="1" data-bbox="354 1563 1233 1713"> <thead> <tr> <th rowspan="2">Period in Risk (from latest instalment date)</th> <th>Premium Refund Pro Rate</th> </tr> <tr> <th>% of Half Yearly Premium</th> </tr> </thead> <tbody> <tr> <td>Exceeding 15 days but less than 3 months</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>0%</td> </tr> </tbody> </table> <p>Note:</p> <ul style="list-style-type: none"> The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months". <p>i. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.</p> <p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p> | Period in Risk | Premium Refund | | | Policy Period 1 Year | Policy Period 2 Year | Policy Period 3 Year | Within 15 Days | Pro Rata Refund | | | Exceeding 15 days but less than 3 months | 65.00% | 75.00% | 80.00% | Exceeding 3 months but less than 6 months | 45.00% | 65.00% | 75.00% | Exceeding 6 months but less than 12 months | 0.00% | 45.00% | 60.00% | Exceeding 12 months but less than 15 months | | 30.00% | 50.00% | Exceeding 15 months but less than 18 months | | 20.00% | 45.00% | Exceeding 18 months but less than 24 months | | 0.00% | 30.00% | Exceeding 24 months but less than 27 months | | | 20.00% | Exceeding 27 months but less than 30 months | | | 15.00% | Exceeding 30 months but less than 36 months | | | 0.00% | Period in Risk (from latest instalment date) | Premium Refund Pro Rate | % of Half Yearly Premium | Exceeding 15 days but less than 3 months | 30% | Exceeding 3 months but less than 6 months | 0% | Section D |
| Period in Risk | Premium Refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Policy Period 1 Year | Policy Period 2 Year | Policy Period 3 Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Within 15 Days | Pro Rata Refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 15 days but less than 3 months | 65.00% | 75.00% | 80.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 3 months but less than 6 months | 45.00% | 65.00% | 75.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 6 months but less than 12 months | 0.00% | 45.00% | 60.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 12 months but less than 15 months | | 30.00% | 50.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 15 months but less than 18 months | | 20.00% | 45.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 18 months but less than 24 months | | 0.00% | 30.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 24 months but less than 27 months | | | 20.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 27 months but less than 30 months | | | 15.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 30 months but less than 36 months | | | 0.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period in Risk (from latest instalment date) | Premium Refund Pro Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | % of Half Yearly Premium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 15 days but less than 3 months | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exceeding 3 months but less than 6 months | 0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>12</p> | <p>Claims</p> | <p>For Cashless Service: List of Network Hospitals available on our website- www.bajajallianz.com</p> <p>A. Cashless Claims Procedure: Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by the Insured:</p> <ol style="list-style-type: none"> i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, the Insured/ his or her representative must call the Company and request pre-authorization by way of the written form. ii. In case of Planned Hospitalisation, the Insured/Insured's representative shall intimate such admission 48 hours prior to such Hospitalisation iii. In case of Emergency Hospitalisation, the Insured/Insured's representative shall intimate such admission within 24 hours of such Hospitalisation iv. On receipt of Insured's pre-authorization form duly filled and signed by the Insured/ his or her representative, the Company's representative then within 2 hours will respond with Approval, Rejection or an more information v. After considering the Insured's request and after obtaining any further information or documentation the Company has sought, the Company may, if satisfied, send the Insured or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to the Insured along with this Policy and any other information or documentation that the Company has specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured's admission to the same. vi. If the procedure above is followed, the Insured will not be required to directly pay for the bill amount in the Network Hospital that the Company is liable under Section A1 In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. The Company reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. <p>B. Reimbursement Claims Procedure: If Pre-authorization as per Cashless Claims Procedure above is denied by the Company or if treatment is taken in a Hospital other than a Network Hospital or if the Insured do not wish to avail cashless facility, then:</p> <ol style="list-style-type: none"> i. The Insured or someone claiming on his/ her behalf must inform the Company in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation ii. The Insured must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends. iii. The Insured must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy. iv. The Insured must have himself / herself examined by the Company's medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at the Company's cost. v. The Insured or someone claiming on his/ her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company's obligation to make payment for it. vi. In the event of the death of the Insured, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 30 days* <p>*Note: In case the Insured is claiming for the same event under an indemnity based Policy of another insurer and is required to submit the original documents related to his/ her treatment with that particular insurer, then the Insured may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.</p> <p>**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to the Company's satisfaction that under the circumstances in which the Insured was placed, it was not possible for the Insured or any other person to give notice or file claim within the prescribed time limit.</p> <p>List of Claim documents:</p> <ul style="list-style-type: none"> • Claim form with NEFT details & cancelled cheque duly signed by Insured • Original of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes • Attested copies of Indoor case papers (Optional) • Original copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc • Original Paid Receipt against the final Hospital Bill. • Original bills towards Investigations done / Laboratory Bills. • Original copies of Investigation Reports against Investigations done. • Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable). • First consultation letter for the current ailment. • In case of implant surgery, invoice & sticker. • In cases where the information provided by the insured is incomplete or a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above • Aadhar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim) <p>All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.</p> | <p>Section D</p> |
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| 13 | Policy Servicing/ Grievances/ Complaints | <p>Company Officials: Bajaj Allianz House, Airport Road Yerawada, Pune 411006 E-mail: bagichelp@bajajallianz.co.in Call : 1800-225858 (free calls from BSNL/MTNL lines only) 1800-1025858 (free calls from Bharti users – mobile /landline) or020-30305858</p> <p>Grievance Redressal Cell for Senior Citizens Senior Citizen Cellfor Insured Person who are Senior Citizens Health toll free number: 1800-103-2529 Exclusive Email address:seniorcitizen@bajajallianz.co.in</p> | Section D | | | | | | | | | | | | | | |
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| | | <p>The contact details of the ombudsman offices are mentioned below. However, we request you to visit http://www.ecoi.co.in for updated details</p> <table border="1" data-bbox="312 584 1281 2016"> <thead> <tr> <th data-bbox="312 584 794 618">CONTACT DETAILS</th> <th data-bbox="794 584 1281 618">JURISDICTION</th> </tr> </thead> <tbody> <tr> <td data-bbox="312 618 794 864"> <p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@ecoi.co.in</p> </td> <td data-bbox="794 618 1281 864">State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</td> </tr> <tr> <td data-bbox="312 864 794 1111"> <p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@ecoi.co.in</p> </td> <td data-bbox="794 864 1281 1111">Karnataka.</td> </tr> <tr> <td data-bbox="312 1111 794 1368"> <p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@ecoi.co.in</p> </td> <td data-bbox="794 1111 1281 1368">States of Madhya Pradesh and Chattisgarh.</td> </tr> <tr> <td data-bbox="312 1368 794 1570"> <p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in</p> </td> <td data-bbox="794 1368 1281 1570">State of Orissa.</td> </tr> <tr> <td data-bbox="312 1570 794 1805"> <p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@ecoi.co.in</p> </td> <td data-bbox="794 1570 1281 1805">State of Tamil Nadu and Union Territories - Pondichery Town and Karaikal (which are part of Union Territory of Pondichery).</td> </tr> <tr> <td data-bbox="312 1805 794 2016"> <p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@ecoi.co.in</p> </td> <td data-bbox="794 1805 1281 2016">State of Delhi</td> </tr> </tbody> </table> | CONTACT DETAILS | JURISDICTION | <p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@ecoi.co.in</p> | State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu. | <p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@ecoi.co.in</p> | Karnataka. | <p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@ecoi.co.in</p> | States of Madhya Pradesh and Chattisgarh. | <p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in</p> | State of Orissa. | <p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@ecoi.co.in</p> | State of Tamil Nadu and Union Territories - Pondichery Town and Karaikal (which are part of Union Territory of Pondichery). | <p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@ecoi.co.in</p> | State of Delhi | |
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| | <p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@ecoi.co.in</p> | Kerala, Lakshadweep, Mahe-a part of Pondicherry |
| | <p>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@ecoi.co.in</p> | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| | <p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@ecoi.co.in</p> | States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry. |
| | <p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@ecoi.co.in</p> | State of Rajasthan. |
| | <p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@ecoi.co.in</p> | District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santk-abirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar. |
| | <p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- bimalokpal.mumbai@ecoi.co.in</p> | States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| | <p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- bimalokpal.noida@ecoi.co.in</p> | States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| | <p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@ecoi.co.in</p> | States of Bihar and Jharkhand. |

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| | | <p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- bimalokpal.pune@ecoi.co.in</p> | States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropoli |
| 14 | Insured's Rights | <p>Free Look: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> i) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii) where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period <p>Migration: The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.</p> <p>Portability The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3</p> <p>Per day Room Rent Enhancement</p> <ul style="list-style-type: none"> i. The Insured can apply for enhancement of per day room rent at the time of renewal. Insured can apply for enhancement of per day room rent by submitting a fresh proposal form to the company. ii. The acceptance of enhancement of per day room rent would be at the discretion of the company, based on the health condition of the Insured & claim history of the Policy. iii. All waiting periods as defined in the Policy shall apply for this enhanced per day room rent limit from the effective date of enhancement of such per day room rent considering such Policy Period as the first Policy with the Company. iv. Cost sharing terms as specified under section D – 8 would be applicable to the enhanced room rent limit. <p>Turn Around Time (TAT) for issue of Pre Auth On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information.</p> <p>Settlement of Reimbursement On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.</p> | Section D |
| 15 | Insured's Obligations | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. | Section D |

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.